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Transmission Date: **26 October 2007** Docket: **1030-018**

Transmission #: **1** of Total Transmissions: **1**

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Request For Continued Examination (RCE) Transmittal (PTO/SB/30) (1 sheet)

Amendment/Reply (20 sheets)

Terminal Disclaimer to Obviate a Double Patenting Rejection Over a "Prior" Patent (1 sheet)

Power of Attorney (1 sheet)

Information Disclosure Statement (5 sheets)

Form PTO-1449 (1 sheet)

Fee Transmittal Form (PTO/SB/17) (1 sheet)

Credit Card Payment Form (PTO-2038) (1 sheet)

Application Number

10/519,637

Art Unit: 3637

Confirmation No.:

9141

Examiner: Safavi, Michael

Filing Date:

28 December 2004

Inventor: Tyler, Rodney

Document Submission Date: 26 October 2007

Docket: 1030-018

26 Oct 2007

Kelly B. Smoker

Date

Name of Certifier

Kelly B. Smoker

Signature of Certifier

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB burden hour

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005. (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$): 470.00

Complete if Known:

| | | |
|----------------------|------------------|-------------|
| Application Number | 10/519,637 | OC 26, 2007 |
| Filing Date | 28 December 2004 | |
| First Named Inventor | Tyler, Rodney | |
| Examiner Name | Safavi, Michael | |
| Art Unit | 3637 | |
| Attorney Docket No. | 1030-018 | |

METHOD OF PAYMENT (check all that apply):

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17. Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|---------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

| | |
|----------|--------------|
| Fee (\$) | Small Entity |
|----------|--------------|

| | |
|----------|----|
| Fee (\$) | 25 |
|----------|----|

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

| | |
|----------|-----|
| Fee (\$) | 100 |
|----------|-----|

Multiple dependent claims

| | |
|----------|-----|
| Fee (\$) | 180 |
|----------|-----|

Total Claims

| | | |
|----------------|----------|---------------|
| Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 20 or HP = 0 | x 25 | = 0 |

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims

| | |
|----------|---------------|
| Fee (\$) | Fee Paid (\$) |
| 0 | |

Indep. Claims

| | | |
|---------------|----------|---------------|
| Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = 0 | x 105 | = 0 |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 - | | / 50 = 0 (round up to a whole number) | x 130 | = 0 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination (RCE); Terminal Disclaimer

| |
|---------------|
| Fee Paid (\$) |
|---------------|

| |
|---|
| 0 |
|---|

470

SUBMITTED BY

Signature

Michael N. Haynes

Registration No.

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434-972-9988

Name (Print/Type): Michael N. Haynes

Date 26 Oct 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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